

Proposal 2: Addressing the Parenting Divide to Promote Early Childhood Development for Disadvantaged Children

Ariel Kalil

University of Chicago

Introduction

Growing income inequality over the past three decades has created a social divide with stagnated incomes for families at the bottom of the distribution and sharply increased earnings for those at the top (Atkinson, Piketty, and Saez 2011). As the economic destinies of affluent and poor American families have diverged, so too has the educational performance of the children in these families (Reardon 2011). Socioeconomic gaps in children’s cognition and behavior open up early in life and remain largely constant through the school years (Duncan and Magnuson 2011). However, rising inequality in income is not the sole cause of the divergence in children’s achievement and behavior (Duncan et al. 2013). Parents do more than spend money on children’s development—they also promote child development by spending time with their children in cognitively enriching activities and by providing emotional support and consistent discipline. The “parenting divide” between economically advantaged and disadvantaged children is large and appears to be growing over time along these dimensions (Altintas 2012; Hurst 2010; Reeves and Howard 2013).

Consider the parenting time divide between economically advantaged and disadvantaged households. National time diaries show that mothers with a college education or greater spend roughly 4.5 more hours each week directly interacting with their children than do mothers with a high school diploma or less (Guryan, Hurst, and Kearney 2008). This relationship is especially noteworthy because higher-educated parents also spend more time working outside the home.

Kalil, Ryan, and Corey (2012) further show that highly educated parents not only spend more time with their children than do less-educated parents, but that they spend that time differently. Specifically, highly educated mothers shift the composition of their time as their child grows in ways that adapt to different developmental stages. When children are in preschool, for example, college-educated mothers focus their time on reading and problem solving. This is precisely when time spent in learning activities best prepares children for school entry. During the middle school years, college-educated parents shift their attention to the management of their children’s lives outside the home—precisely the ages when parental management is a key, developmentally appropriate input. Non-college-educated parents do not match their time investments to children’s developmental stages in this fashion. Indeed, based on mothers’ patterns of time use across a variety of activities, researchers now posit that highly educated parents, more so than less-educated parents, view time with their children as an investment behavior with which to increase their children’s future human capital (Guryan, Hurst, and Kearney 2008). As highly educated parents increasingly adopt these patterns of investing in their children, the destinies of the children of college-educated parents may diverge even farther from those of their less-advantaged peers.

The disparities in parental time investment are important because time with children is shown to have direct and causal effects on children’s cognitive test scores (Villena-Rodán and Ríos-Aguilar 2011). Price (2010) finds that an additional year of daily mother–child reading increases children’s reading test scores in the early school grades by 41 percent of a standard

deviation from average. By comparison, the Perry Preschool program, which is widely upheld as a model, has effect sizes on arithmetic achievement at age fourteen equal to 34 percent of a standard deviation, but at a cost of \$20,500 (in 2013 dollars) for each participant (Schweinhart et al. 2005).

To bridge the parenting divide and improve the life chances of economically disadvantaged young children, I propose that the Administration for Children and Families (ACF) at the Department of Health and Human Services be tasked with building the knowledge base to create an Early Years Family Policy to promote more-effective parenting and child development in low-income families, especially for children from birth to age five.

This policy memo outlines action steps that the ACF can take to develop an evidence and innovation agenda to support parents in helping their children reach their full potential. In particular, I argue for three major evidence-based innovations: (a) increasing participation in existing programs so that they can achieve their intended goals, (b) modifying or adapting existing programs to test new approaches that might be more cost-effective and/or cost less, and (c) developing new interventions that are lower cost and better matched to families' needs. For all three innovations, I advocate building on new knowledge from the field of behavioral science, given its potential for helping identify ways of changing behavior that are more cost-effective. These efforts have the potential to deliver smarter, more-innovative, and more-accountable programs for children and families. This commitment necessarily demands experimentation and testing with an eye toward developing new Early Years Family Policy interventions that can be offered cost-effectively and at scale.

The Challenge

CURRENT POLICY APPROACHES AND LIMITATIONS

At present, social policy for fostering the skills of young children largely focuses on education intervention by improving young children's access to preschool programs and increasing the quality of their primary and secondary schools. Model early childhood intervention programs and other school-based efforts can narrow the gap between low-income children and their middle-class counterparts (Chetty et al. 2011; Currie 2001; Deming 2009). However, even though such interventions have demonstrated long-term success (albeit for the relatively few children who have participated in them), family background remains an important correlate of children's educational achievement and attainment (Bailey and Dynarski 2011; Belley and Lochner 2007; Reardon 2011).

Parents are children's first teachers and, to equalize the playing field, governments need to invest in parents so that they can better invest in their children. Gaps in children's skills could be narrowed if less-advantaged parents adopted the parenting practices of their more-advantaged peers, and many parenting interventions aim to do just that. Unfortunately, large-scale parenting interventions in the United States yield modest results at best and do not often change children's cognitive or behavioral skills in the long run (Furstenberg 2011). An evidence and innovation agenda that helps policymakers identify and invest in what works is crucial for supporting parents' engagement with their children.

One leading family intervention for low-income children—the Nurse-Family Partnership program—is being targeted for substantial expansion by the federal government. The program provides weekly in-home visits by trained nurses to low-income, first-time mothers, starting before the child is born and continuing through the child's second birthday. One mission of the program is to improve children's health and development by helping young, economically disadvantaged mothers provide more-competent care. Some experimental evaluations of the program show that it reduces child maltreatment. In one study, mothers who received nurse visits during their pregnancy and the child's infancy had only 0.29 substantiated reports of child abuse and neglect at some point before the child's fifteenth birthday. Mothers who did not receive nurse visits, in contrast, had on average 0.54 such reports (Olds et al. 1997). These results are noteworthy because child maltreatment is costly not only for the individuals affected, but also for society (Zaveri, Burwick, and Maher 2014). The program also yields long-run benefits for some children. By age nineteen, females in the treatment group had fewer arrests and convictions; a subset of these young women had fewer children and less Medicaid use than their control group counterparts (Eckenrode et al. 2010). Despite the notable impacts, there were no overall long-term treatment effects on high school graduation; economic productivity; number of sexual partners, use of birth control, and teen pregnancy or childbearing; and use of welfare, Supplemental Nutrition Assistance Program (SNAP), or Medicaid. Furthermore, there were no long-run impacts of the program on males (Eckenrode et al. 2010).

In short, this touted program appears to have made only modest improvements in parenting and the home environment. When the children were about preschool age, the experimental evaluation revealed no overall treatment differences in the HOME Inventory score (a measure of the cognitive stimulation and emotional support provided to the child in the home). Even among the small subsample of highly disadvantaged mothers, the impacts on parenting were

modest and for the most part not statistically significant (Olds, Henderson, and Kitzman 1994). Results from other large-scale randomized trials evaluating the impact of early intervention programs designed to promote positive parenting and more-enriched home environments (e.g., Parents as Teachers) have also shown few statistically significant effects for low-income families (Wagner, Spiker, and Linn 2002). Yet the average cost to serve a family for forty-five weeks in a home-visiting program is about \$6,500; the Nurse-Family Partnership program is on average even more expensive and can cost up to almost \$14,000 for each parent participant (Zaveri, Burwick, and Maher 2014).

Unfortunately, many large-scale parenting interventions have limited impacts, in part because of high rates of attrition, low take-up, and lack of engagement. In some home-visiting programs, more than half of enrolled families drop out early, with attrition rates generally ranging from 35 percent to 50 percent (Wagner, Spiker, and Linn 2002). Early Head Start, another major early childhood intervention program, also lacks strong participation (Love et al. 2005). Designed to provide child care from birth through age three, Early Head Start delivers home visits, parenting education, and family support. An experimental evaluation of the program showed that almost half of the families left the program before their child was thirty months old, and more than one-third dropped out before they had been enrolled for eighteen of the thirty-six months. Only 16 percent of the sample participated for the full duration of the program. Assessments of Early Head Start’s qualitative dimensions were no better: program administrators rated only 37 percent of families in the full sample as consistently “highly engaged,” rated 32 percent as “inconsistently engaged,” and rated 25 percent as “engaged at a low level” or “not at all” (ACF 2002). These problems stand in the way of long-term behavior changes for low-income parents and their children.

It should be noted that it is custom for most large-scale impact evaluations to measure effects on all children who were offered a space to participate in the program (known as an “intent-to-treat” measure). When intent-to-treat results are converted to effects for children who actually participated (known as “treatment-on-the-treated”), early childhood intervention programs appear to have larger effects. For example, Ludwig and Phillips (2008) find that the benefits to Head Start are substantially higher when the intent-to-treat results are converted to treatment-on-the-treated results. Little is known about the effects for participants in a program like Early Head Start who completed at least, say, half of the program. This underscores an emphasis going forward on increasing take-up rates and engagement.

OBSTACLES TO PROGRAM PARTICIPATION: INSIGHTS FROM BEHAVIORAL SCIENCE

Perspectives from behavioral economics show that basic human psychology often puts up roadblocks on the path between expressed intentions and actual behavior (Fudenberg and Levine 2006; Laibson 1997; Thaler 1991). Optimal behavior requires self-control. When surveyed about weight loss or low savings rates, for example, many individuals report that they would like to lose weight or save more but lack the willpower to do so (Thaler and Benartzi 2004). Parenting offers many examples of often difficult and sometimes even unpleasant demands whose rewards are uncertain and for which the payoff may not be enjoyed until many years later.

It is also difficult to change habits that have been developed and reinforced over time: parenting behaviors are correlated across generations and shaped by the beliefs and preferences of influential relatives and neighbors in our social networks (Duncan et al. 2005). Successful parenting programs will require unlearning a set of parenting practices and beliefs that may be deeply rooted in one’s family origin, culture, and community (Wagner, Spiker, and Linn 2002). Rowe (2008), for example, reports evidence that low-income parents, compared to their higher-income counterparts, respond less often to their young children’s utterances, based in part on their beliefs that adults cannot “make” babies talk.

Parents tend to want what is best for their children, but many parents are not getting the most out of the programs they are participating in, either because they are not participating fully in the programs or because the programs are not giving parents the tools they need for optimal parent-child interactions. Programs should help interested parents make decisions that are aligned with their professed intentions and goals. This would involve the redesign of programs and services to help parents get the most out of what these programs are offering.

The challenge is to figure out how to make use of these insights effectively to improve programs and policies. Fortunately, there is compelling experimental evidence on this point from interventions designed to promote health and financial behavior. In these arenas, programs designed on principles from behavioral science have proven effective for weight loss, smoking cessation, financial savings, and health behavior, among other outcomes (for examples see Ashraf, Karlan, and Yin 2006; Charness and Gneezy 2005; Kamenica 2012; Milkman et al. 2011; and Stockwell et al. 2012). Elements common to many of these interventions include commitment devices, which work by formalizing a pledge to do something or achieve an objective; incentives, which work by offering financial or nonfinancial rewards or recognition for changing behavior; and planning prompts,

which provide reminders designed to overcome problems of forgetfulness and procrastination. Many of the ideas in the behavioral economics toolkit are low cost, light touch, and highly scalable. To date, however, these insights have had little impact on the way we design parenting interventions.

Cognitive behavioral science offers a complementary perspective on parent engagement by highlighting the problem of cognitive scarcity among low-income parents stemming from their past and current exposure to toxic stress (Mani et al. 2013). One potentially important source of income-based differences in parenting is the repercussions of the daily stressors of low-income parents' lives that place cognitive and emotional demands on parents' attention and self-control. These financial strains leave little room to follow through on decisions that can affect their children's future (Mani et al. 2013; Mullainathan and Shafir 2013; Shah, Mullainathan, and Shafir 2012). Accordingly, the possibilities for purposeful, goal-directed parenting are greatly diminished.

Some promising new approaches are focused on parents' executive function skills, key components of which include impulse control, working memory, and mental flexibility. Experiences of trauma and stress make focus, memory, and mindful attention and decision-making difficult (Shonkoff 2012). Although experimental evidence is currently lacking, some promising programs for low-income parents are using coaching, multimedia, and computer games that have been specifically designed to create ways for adults to improve memory, focus, attention, impulse control, organization, problem-solving, and multitasking skills (Babcock 2014). Mindfulness meditation training, mind-body exercises (e.g., relaxation breathing practice), and brain games are tools that may increase the quality of parent-child interactions, and likely better mental health and health outcomes to boot (Davidson et al. 2003).

A New Approach

This policy memo proposes that policymakers become better informed on effective interventions that can motivate and support parents to do the things that parent-child programs are intended to encourage. Although the lack of participation and engagement has long vexed researchers and program administrators, the standard model for parenting interventions has changed little over time. To achieve success and scale-up, and to be cost-effective, we need to make progress on two related fronts. First, we need to better understand parental motivation to participate in programs. Attrition and engagement require explicit empirical attention; programs should be designed in a way that can model these

processes. Although conventional wisdom attributes lack of participation and engagement to parents' stress and complicated lives, as Wagner, Spiker, and Linn (2002) argue, there are few empirical data to support these assumptions.

We should find a way to deliver parenting programs effectively despite parents' challenging life circumstances. If not, we will continue to produce apologetic reports documenting disappointingly weak effects and will eventually lose the political and public will to spend taxpayer dollars on such efforts.

On the second front, we need to design and experiment with new strategies for making parenting programs more efficient and more effective, drawing on new insights from behavioral science. Specifically, we need to draw on insights that lead to promising new avenues to improve take-up, retention, engagement, and impact of early childhood, parenting, and related public health interventions.

The main barrier to scaling-up parenting interventions nationwide is the currently limited understanding of the key ingredients of successful programs. Public support for government-funded home visiting programs is weak (The Pew Charitable Trusts 2014), and efforts in this arena are hampered by the idea that family policy is an intrusion in the private sphere of family life. We do not debate, however, that children should have regular vision and hearing screenings throughout their school years. But unlike receiving a regular schedule of such screenings, we have no consensus about what families should be required to do to help children achieve their full potential. Moreover, whereas hearing screenings are considered the best way to identify hearing deficiencies in order to prevent or minimize effects on educational progress, we do not have a screening to identify risk factors or effective parenting behavior to prevent children from, say, dropping out of high school.

EARLY YEARS FAMILY POLICY AGENDA

I propose that the President of the United States task an agency, most likely the ACF at the Department of Health and Human Services, with filling knowledge gaps that impede the development of an Early Years Family Policy agenda.

An Early Years Family Policy agenda at the ACF should be consistent with the evidence and innovation agenda proposed last year by the Office of Management and Budget (OMB) in the Executive Office of the President (OMB 2013). The chief component of this effort is strengthening agencies' abilities to continually improve program performance by applying existing evidence about what works, generating new knowledge, and using experimentation and innovation to test new approaches to program delivery.

DESIGN AND EVALUATION OF EVIDENCE-BASED PROGRAMS

Specifically, the ACF should design and evaluate rigorous experiments, using randomized control trials where possible, to test the efficacy of new interventions and design refinements to existing interventions. Given the evidence outlined in this paper, research findings from the social and behavioral sciences can be harnessed to implement low-cost approaches to improving program results. The goal should be to develop new interventions (or adaptations to existing interventions) that use the cutting-edge tools of behavioral economics and new insights from neuroscience that guide current thinking about executive function and mindfulness.

The centerpiece of this proposal is a new research competition sponsored by the ACF at a level of \$10 million annually for five years. With these funds, the ACF will hold peer-reviewed competitions to select grantees who are willing to embed innovative randomized control trials into existing programs. This approach avoids reinventing the wheel, and focuses instead on innovations in program design and delivery that increase parental engagement and impact. In addition, I propose that \$1 million of the competition funds each year be targeted to developing new interventions that are lower cost and better matched to families' needs. Priority for these funds each year should be targeted to grantees proposing the use of affordable technology as a tool to promote parental engagement and participation in programs. (I expand on this idea below.)

To facilitate the efforts of this new evidence and innovation agenda, and for relatively minimal cost, agencies can form partnerships with academic experts, including using externally funded Intergovernmental Personnel Act assignments, to receive conceptual advice on cutting-edge research findings that should inform how policies are designed, and to receive technical support on designing, evaluating, and iterating experimental field studies.

Upon the successful completion of these activities, the ACF can make recommendations for expanding efforts with a proven track record, identify gaps in knowledge, and design a roadmap to achieve new knowledge. These efforts not only would elevate attention to parenting and the home environment, but also would create a plan for coordination with efforts to expand preschool opportunities for low-income children. Following this plan of action will help to ensure that children arrive at preschool as prepared for learning as possible, and will increase the chance that the quality of parenting and the home environment are sufficiently strong to prevent fade-out of high-quality preschool experiences.

I next offer some examples—also summarized in table 2-1—of the kinds of research trials and evaluations of new approaches to changing parent behavior that the ACF should help fund, design, and evaluate.

Home-visiting programs

An experiment that my colleagues at the University of Chicago and I are currently designing will test a behaviorally informed intervention intended to increase the frequency with which low-income parents engage in educational play with their children. This study will randomly assign about 500 parents of preschool-age children to a treatment and control condition. The treatment combines information about the importance of educational playtime, a commitment to spend the time, recognition for spending the time, and planning prompts. Parents in the treatment and control group will be given electronic tablets to take home for six weeks; these tablets will be preloaded with educational apps and games, and will record the amount of time parents spend using them with their preschool-age children. The experiment will test whether the suite of behaviorally informed nudges and incentives significantly increases the time parents in the treatment group spend with their children. This is the first study of its kind that we know of, and thus there is great scope for funding similar types of studies with different parents or caregivers in the low-income population.

A second example highlights innovations in home visiting with a program being developed and evaluated by Bierman and colleagues (2013). This study is testing the REDI Parenting program, a home-visiting program designed to complement the Head Start classroom program by enhancing the school readiness of economically disadvantaged preschoolers. Each month parents receive a REDI activity club box at the home visit, containing learning materials for them to use, books for them to read, and games for them to play with their children. The books have explicit questions embedded to support parents' interactive book reading; this element of the intervention draws from behavioral insights. That is, the program removes the seemingly trivial barriers to engaging parents in this type of parent-child interaction by devising questions and prompting children to respond. Evidence suggests that providing this home-visiting intervention has led to sustained effects through third grade. In contrast, impacts faded out for children who participated in the classroom without the home-based intervention.

Technology-based initiatives

The ACF should also prioritize the design and evaluation of new strategies that make use of affordable technology as a tool to promote parental engagement and participation in programs. Advances in technology not only could address

TABLE 2-1.

Summary of New Parenting Interventions

Program	Type of program	Intervention	Sample description	Results
Educational Play Intervention, University of Chicago, ongoing	Behaviorally informed intervention	Provides electronic tablets loaded with educational apps and games that record amount of time parents spend using them with pre-K children	500 parents of preschool-age children	To be determined
Head Start REDI Program, The Pennsylvania State University, 2003	Home-visiting program designed to complement Head Start	Provides twice-monthly home visits in pre-K and kindergarten	356 four-year-old children in 44 Head Start classrooms	Sustained impacts on vocabulary, literacy skills, and social behaviors through third grade
InfantNet, Lane County Oregon, 2006–2008	Web-based parenting intervention and remote coaching program	Provides mothers of infants with computer, webcam, Internet connection, and technical/training support for six months	40 infants and their mothers with income at or below 185 percent of U.S. Poverty Income Guidelines	Positive impacts on parental mental health and children’s social behavior; parents used over 90 percent of material
Momba, Yale University, Connecticut, ongoing	Interactive web-based smartphone application	Provides low-income mothers with access to social network of pregnant and new mothers	First-time, low-income mothers	To be determined

Sources: Baggett et al. 2010; Bierman et al. 2013; Seger 2012.

barriers to effectiveness, but also could open up new avenues for programs to make an impact. Given the ever-decreasing costs of hardware and the low marginal costs of software, using technology to improve on existing approaches, as well as to develop new approaches, is a promising strategy from a cost-benefit perspective. One example of such an approach might be an interactive parenting coaching program that mimics home-visiting programs. To envision the potential merits of such a novel approach, consider the idea that many parenting interventions rely on a model where one delivery method fits all, and that these interventions require a serious commitment of time. A technology-based approach in which educational materials were preloaded on a digital device or were downloadable from the Internet could reduce a program’s dependence on home visits. Parents would not have to depend on face-to-face meetings to stay current with the program and, provided they have access to the Internet, could make use of social media platforms to develop partnerships with other parents. Such an approach, which is both lighter-

touch and lower-cost than the traditional in-person service delivery model, may be suitable for many families.

Prototypes of such programs have begun to emerge from the research world. For example, Baggett and colleagues (2010) created InfantNet—a Web-based parenting intervention and remote coaching program for low-income single mothers of infants—which was originally designed to provide parent support services to families in rural areas. The program provided mothers of infants with a computer, webcam, Internet connection, and technical training/support for six months. In a pilot sample of forty caregivers, mothers completed eleven online sessions that included modeling videotapes, computerized videotaping of actual parent-infant interactions, and weekly phone calls with a coach who monitored the parents’ use of the materials and reviewed the parent-infant interaction video in consultation with the parent. The results suggested that parents used more than 90 percent of the materials and found them useful and easy to

understand. The intervention also had a positive impact on parental mental health and children's social behavior.

As another relevant example, researchers at the Yale Child Study Center are in the process of creating an interactive Web-based smartphone application modeled after successful social networking tools. The app will create a virtual network of first-time low-income mothers to connect them to one another, mental health services, and parenting support; it will also incorporate rewards for participation (Seger 2012).

These nascent efforts are incorporating insights from behavioral science and advances in technology (and sometimes both). They have shown promising results, albeit almost exclusively at the pilot or proof-of-concept stage, and merit more testing and investment.

COSTS AND BENEFITS

Researchers have estimated that some parent-training programs delivered by home visitors return \$1.80 for every \$1.00 invested, especially for the highest-risk families (Aos et al. 2004). They are nevertheless costly. It seems reasonable to expect at least that great of a return on investment if existing programs can be made more efficient and cost-effective, or if new programs can be designed with the same goal. To support this effort, the ACF should prioritize high-quality, low-cost evaluations and rapid, iterative experimentation. Such approaches can follow the lead of those in the private sector that use frequent, low-cost experimentation to test strategies to improve results and return on investment.

To put the proposed \$10 million in annual research and development spending in context, it is useful to compare it to the commitment President Obama has made to expand home visitation to additional low-income children. Specifically, the Affordable Care Act of 2010 included \$1.5 billion over five years for states to operate the Maternal, Infant, and Early Childhood Home Visiting program. The administration's proposed fiscal year 2014 budget adds \$6 million to the \$400 million allocation for that program. It also proposes that Congress ensure the continuation of the program beyond 2014 by investing \$15 billion in funding for the program from 2015 through 2025.

The Department of Health and Human Services is spending additional funds on a five-year national evaluation of the Maternal, Infant, and Early Childhood Home Visiting program, as mandated by the Affordable Care Act (Michalopoulos et al. 2013). The national evaluation study is a large-scale (with a sample size of 5,000), in-depth, expensive, multiyear effort. It will yield results on the short-term impact on family outcomes of four different types of existing home-visiting programs, including Early Head Start–Home

Visiting, and the Nurse-Family Partnership. However, for the reasons I have outlined in this proposal, it seems wise in an era of scarce government resources to devote some funding to develop and evaluate new approaches that are potentially more cost-effective to improve parenting and promote child development, rather than focusing evaluation and knowledge-building efforts exclusively on status quo approaches.

Questions and Concerns

What programs besides home-visiting programs would benefit from behavioral insights and technology?

The emphasis in this proposal has been on changing parenting behavior, and this naturally lends itself to a discussion of home-visiting programs. The insights from innovative approaches to research and evaluation can be applied to any program that interacts with parents. For instance, key goals of the Head Start preschool program are to engage parents in the classroom and to conduct outreach to improve parental support of children's learning at home. These parent-directed efforts could be enhanced with new knowledge from the R&D efforts proposed here. New knowledge from behaviorally informed or technology-enhanced efforts could also be applied in child welfare programs, Head Start, Early Head Start, and early intervention.

Would the behavioral insight-informed approaches for parents also enlighten the work of other early childhood care providers?

The emphasis in this proposal has been on parents, and I have argued that this approach is necessary to improve the life chances of low-income children. But this proposal may not be sufficient. Young children are exposed to multiple types of nonparental caregivers and teachers. There is every reason to think that behavioral insight-informed approaches could yield important positive benefits for other early childhood caregivers. For instance, teachers in early childhood education programs serving low-income children often suffer from stress and job burnout, in part due to the challenges of dealing with the stress and trauma experienced by the children under their care. Tools that make the job of these caregivers easier, whether based on technology or a mindfulness intervention, and that help teachers focus, problem-solve, and multitask, hold great potential for improving caregivers' efforts and interactions with young children. For example, Landry and colleagues (2009) show how technology and its capability for providing immediate personalized feedback significantly improves teachers' ability to plan their behavior and makes their interactions with preschool children more efficient and effective.

“Light-touch, low-cost” sounds good in theory, but how are your innovative programs going to serve families where parents suffer from serious mental health problems or are otherwise in extremely stressful circumstances?

Some parents will always need intensive services and will require an ongoing personal relationship with a home visitor or social worker. However, there is another group that does not need or desire such an intense relationship. The problem right now is that we don’t have a very good estimate of how large either of these two groups is or what their preferences are for the different ways in which they could interact with programs. Moreover, most existing programs take a one-size-fits-all approach, which is likely inefficient for both groups of parents. Innovation in program design and delivery is likely to yield benefits to a broad share of the targeted parent population.

In absence of a federally funded intervention, is there anything that community groups can do to bridge the parenting divide?

Yes. Research that builds more-useful evidence can and should occur at multiple levels—from federal down to local efforts. Local programs are often more nimble and flexible and thus could potentially more easily move toward the behavioral science-informed experimentation approach I have outlined here. Owing to this flexibility, community organizations may also be well positioned to adopt a framework of continuous quality improvement. In addition, experimentation at the local level is critical for understanding how program innovations interact with local contexts, specific populations, and different types of practitioners.

Conclusion

In sum, the United States has made little progress toward narrowing the achievement gap between advantaged and disadvantaged children. Parenting interventions have had limited success, in large part because participation retention and/or the quality of engagement in such programs is low. I propose the development of an evidence and innovation agenda to support parents to meet their goals of helping children reach their full potential. New knowledge from the field of behavioral science has great potential for helping identify ways of changing behavior that are more cost-effective. The challenge is to figure out how to make use of these insights effectively to improve programs and policies for low-income parents and children. The ACF should devote substantial additional resources to creating and promoting an Early Years Family Policy agenda focused on new and improved ways to support parenting and child development in low-income families with young children. Such an agenda has the potential to deliver smarter, more-innovative, and more-accountable programs for children and families. This commitment necessarily demands experimentation and testing with an eye toward developing new interventions that can be offered cost-effectively and at scale.

Author

Ariel Kalil

Professor, The Harris School of Public Policy, The University of Chicago; Director, Center for Human Potential and Public Policy, The University of Chicago

Ariel Kalil is a professor in The Harris School of Public Policy at the University of Chicago, where she directs the Center for Human Potential and Public Policy. She is a developmental psychologist who studies how economic conditions and parents' socioeconomic status affect child development and parental behavior. Her recent projects have examined the relationship between parental education and time with children, the effects of the Great Recession on parental behavior and child development, and the association between income inequality and children's educational attainment. Kalil received her Ph.D. in developmental psychology from the University of Michigan. Before joining Chicago Harris' faculty in 1999, she completed a postdoctoral fellowship at the University of Michigan's National Poverty Center. Kalil has received the William T. Grant Foundation Faculty Scholars Award, the Changing Faces of America's Children Young Scholars Award from the Foundation for Child Development, and the National Academy of Education/Spencer Postdoctoral Fellowship. In 2003, she was the first-ever recipient of the Society for Research in Child Development Award for Early Research Contributions. Her recent work has been funded by the National Institute of Child Health and Human Development and by the MacArthur and Russell Sage Foundations.

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PROMOTING EARLY CHILDHOOD DEVELOPMENT

Proposal 2: Addressing the Parenting Divide to Promote Early Childhood Development for Disadvantaged Children

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